



**STATE OF WASHINGTON**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**DIVISION OF CONSUMER SERVICES**  
*P.O. Box 41200 • Olympia, Washington 98504-1200*  
*Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov>*

**MORTGAGE BROKER COMPANY CLOSURE / SURRENDER**

**FORM MU1 UNIFORM MORTGAGE LENDER/MORTGAGE BROKER APPLICATION  
JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

Check the “Surrender” box on the *form MU1*, and complete only items **1A, J, K, and the execution block** to notify WA Department of Financial Institutions (DFI) of your company-wide decision to cease operations in WA under the existing Mortgage Broker license. **Along with the *form MU1*, send the following to DFI.** Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

1. **FEE** – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package. \$530.86 per location is the Annual Assessment fee (Closures: Annual Assessment fee must be brought current).
2. **FINANCIAL RESPONSIBILITY** –
  - a. Surety Bond – You may contact your bonding agent to cancel your surety bond.
  - b. Assignment of Account or Time Deposit – You may send a request to DFI one (1) year after surrender of license, to request DFI release interest in this assigned account.
  - c. Irrevocable Letter of Credit – You may contact your banker to cancel this letter of credit.
3. **WA STATE PRE-REQUISITE LICENSE(S)** – Remember to notify other WA agencies of your change(s):
  - a. Contact the Washington State Department of Licensing at (360)902-3600 or online at [www.dol.wa.gov](http://www.dol.wa.gov) regarding your Washington State Master Business License which will display your Unified Business Identifier (UBI) number.
  - b. If a corporation, partnership, or LLC, please contact the Washington Secretary of State Division of Corporations at (360)753-7115 or online at [www.secstate.wa.gov](http://www.secstate.wa.gov) to update your company’s records.
4. **TRUST ACCOUNTING** – Any remaining borrower funds remaining in your trust account should be submitted to the WA Dept of Revenue, Unclaimed Property Division online <http://www.dor.wa.gov> or phone (360)705-6706.
5. **SURRENDER ORIGINAL LICENSE** – Send the old original license to DFI.
6. **STILL NEED HELP?** Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov) for additional assistance.
7. **DELIVERY** – Keep copies of everything, and send original *Form MU1* and all attachments to:

<b>Via US Postal Service</b> Dept of Financial Institutions Division of Consumer Services PO Box 41200 Olympia WA 98504-1200	<b>Via other couriers (eg: FedEx, UPS, etc)</b> Dept of Financial Institutions Division of Consumer Services 150 Israel Rd SW Tumwater WA 98501
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## FORM MU1

## UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

MORTGAGE BROKER ☐MORTGAGE LENDER ☐MORTGAGE SERVICER ☐

Date of Filing: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.**

NEW APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ **To amend, circle item(s) being amended.**

**1. Exact name, principal business address, mailing address, if different, and telephone numbers of applicant:**

**A. Full name of applicant:**

(if sole proprietor, provide last, first and middle name)

**B. IRS Employer Identification Number**

(Social Security No is allowed for sole proprietorship)

**C. (1) Name under which business primarily is or will be conducted, if different from Item 1A.**

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

**D. If this filing makes a name change on behalf of the applicant, enter the new name and specify whether the name change is of the**  
☐ *applicant* name (1A) or ☐ business name (1C): \_\_\_\_\_

**E. Main address: (Do not use a P.O. Box)**

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**F. Mailing address, if different:**

PO Box or Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**G. Telephone Numbers and Website address:**  
Business phone \_\_\_\_\_

Fax line \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

website address #1 \_\_\_\_\_

website address #2 \_\_\_\_\_

**H. Other than the office in 1E, does the applicant conduct business with consumers through branch offices or other business locations?**  
☐ YES ☐ NO (In certain *jurisdictions*, branch offices or other business locations must be reported or approved. Use Form MU3.)

**I. Contact Employee:**

Name and Title \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

**J. Employee authorized to respond to consumer complaints:**

Name and Title \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

**K. Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.**

Organization Name (if different from applicant) or Records Custodian Name \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**EXECUTION:** The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY) \_\_\_\_\_

Signature of authorized party \_\_\_\_\_

Title \_\_\_\_\_

Subscribed & Sworn before me \_\_\_\_\_

Print Notary Public name \_\_\_\_\_

by \_\_\_\_\_  
Print authorized party name \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

at \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Notary seal here

Notary Public Signature \_\_\_\_\_

Notary Appointment Expires (MM/DD/YYYY) \_\_\_\_\_

**This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.**